

POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R9/9-09) Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

							FILE NUM	IBER	
1. IS THIS AN AMENDMEN	IT? 🛛 No [☐ Yes If Ye	s, please e	enter the file n	umber in th	nis box —			
SECTION A. COMMITT	TEE INFOR	MATION: F	ill in all a	oplicable bo	xes as full	v and accurat	tely as possible	<u>, </u>	
2. Full Name of Committee (Do not abbreviate)							or Abbreviated Name (if any)		
ATTORNEYS FOR AN INDEPENDENT BENCH PAC							IB PAC		
14. Mailing Address (Address where all campaign finance correspondence is received) 1. 1. Check if this is a new address 15. E-mail Ad							s (Optional)		
135 N. PENNSYLVANIA ST., #1500 6. City State ZIP Code 7. FAX (Optional) INDIANAPOUS IN 46204 (317) 269-1915						jarmstro	ng@inayba	r.ovg	
6. City	State Z	ZIP Code	7. FAX (Opti	ional)	8. Telephon	e	9. Committee Organ	nization Date	
INDIANAPOUS	IN 40	0204	(317)	269-1915	(317)	269-2000	11/1	0/10	
10. Is this committee registered with th	he Federal Election	n Commission?	☐ Yes 🙀 No	11. Is this commit	ittee a "Legislativ	ve Caucus Committee	e" under IC 3-5-2-27.3? [☐ Yes 🔀 No	
12. State the purpose of the con PARTICIPATING 19 IMPROPRIETY AND	N THE ELE PRESERVI	ECTORAL NG PUBU	C TRUST	S WHILE TAND CON	AVOIDI IFIDENCE	ING THE AP S IN THE J	PPEARANCE (UDICIAL 989	OF STEM.	
13. Name and address of any connecte group, or individual.	ed, affiliated, spons	soring organizatio	n, corporation,						
Check party affiliation if						if applicable: Democratic Libertarian Republican			
15. If supporting or opposing a				Other	2 the commit	ton position			
				ine quesuon Ana) the comm.	tee position.			
	16. Chairperson's Name					17. E-mail Address (Optional)			
THEODORE R. BOEHM									
18. Mailing Address Check	if this is a new a	address				9. Telephone (Day) 20. Telephone (Evening)			
135 N. PENNSYLVANIA ST., #1500 IN 46204 (317, 418-6							3 (317)418	0-6718	
21. Treasurer's Name							2		
						WMCCLAMROCH @ BINGHAMMCHALE.CO			
23. Mailing Address	if this is a new a	address //	JDIANA	POLIS		ne (Day)	25. Telephone (E		
10 W. MARKET				16204			317,25	71-7095	
26. Custodian of Records' Name								- 4	
VULLE M. ARMSTRONE JAK						ARMSTRONG (A INDYPAR. ORG elephone (Day) 30. Telephone (Evening)			
28. Mailing Address Check if this is a new address INDIANAPOLIS 135 N. PENNSYLVANIA ST, #1500 IN 46204					29. Telephone (Day) 30. Telephone (Evening) (317) 269-2000 (317) 297-38			vening)	
31. Bank or Other Depositories	(List all banks or	other depositories	s in which the	committee deposits	funds, holds a	ccounts, rents safety	/ deposit boxes or main	tains funds.)	
SECTION B. APPOINT	MENT OF T	TREASURE							
32. I, as Chairperson of the for		micee,	Appointed Tr			_	ne Committee Chairpe	rson	
appoint the following person Committee.	as Treasurer	of the W. 7	FOBIN A	MC CLAMRO) CH	1 / he	of Bud	-	
SECTION C. ACCEPTA									
33. I give notice that I accept t		•		rer of this Com	mittee.		FOR OFFICE US	E ONLY	
I am not the chairperson of an 34. Typed or Printed Name of		Signature of		[Date (MM-	-DD-YY)			
W. TOBIN McCLAN		Indoh	hIn	1~	12/03/1	´			
SECTION D. CERTIFIC	ATION OF	STATEMEN	T				12.4 A. ST	J. X.	
I certify that I am the duly app	ointed Chairpe	erson of the C	ommittee ar		ed this state	ment.	•		
To the best of my knowledge and belief it is true, correct and complete. 35. Typed or Printed Name of Chairperson Signature of Chairperson					Date (MM-	100 VVI	0EU 15	7010	
THEODORE R. BOEH	•	Signature	1 /	<u>"</u>	1 , ,	·			
Warning: Any information contained in t		Le cost per copied for	reals or used for	See any commercial n		10 15) State law		£**	
requires that any change in this informatio	on must be reported	d within 10 days of	f the change. (IC	3-9-1-10) A person w	no knowingly files	s a fraudulent	¥ ±77±1.5	id in the	
report commits a Class D felony. (IC 3-: Finance Law commits a Class B misdeme									